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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT # 846252

(5)

HARP OIL COMPANY, INC. Principal Place of Business Maling Address 1071 N. RANGE STREET PO BOX 207 P.O. BOX 207 P.O. BOX 207								
DOTHAN AL 36302-0207 US		Dothan al 36302-0207 US		3. Date incorporated or Qualified 06/16/1980		3a. Date of Last Report 02/09/1995		
		Ta. 11 2 12 12 1			4. FEI Number			pplied For
Principal Plac	ce of Business	28. Mailing Address			63-0760682			tot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	_~~		5. Certificate of Status Desired		\$8.75	Additional lequired
City & State		City & State			6, Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Ζφ	Country	28 Zip	Count 30	try	8. This corporation has liability for	intangible ta		
	9. Name and Address of Current	29 Registered Agent			10. Name and Address of New I		Agent	
	5. Name and Address of Content	Tiegisteres rigent		B1 Name				
CT COR	PORATION SYSTEM			Stroot Add	droce /D.O. Boy Number is Not Accepta	hlel		
	PINE ISLAND ROAD			2 Street Address (P.O. Box Number is Not Acceptable)		Oloj		
	TION FL 33324		[8	B3				
			ي ا	84 City			85 Zip	Code
						FL	<u> </u>	
faculiar with	n, and accept the obligations of, Section	on 607.0505, Florida Statute	ized by the co as.	orporation's bo	oration submits this statement for the pu pard of directors. I hereby accept the app	pointment as	s registered	agent. I am
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SAMALLAS HAM THE OR DIRECTOR PRINTED HAVE OF FICH OR DIRECTOR

2-29-94 334-7941 Destrict Provided